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Integrative Medicine

Naturopaths see progress and acceptance, but challenges remain

By Cliff Collins
For The Scribe

Naturopathic doctors' emphasis on primary care would seem to put them in a favorable position within health reform, particularly when the **Affordable Care Act** took effect.

That's because the law's language contains within it Section 2706, a provision stating that "a health insurance issuer ...shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law."

Oregon is one of 17 states that license or regulate naturopaths. Its approximately 700 practitioners here believe the clause makes clear that, beginning this year, they and their patients had the same coverage recognition as other licensed health care providers.

But even though the ACA "is beginning to make a difference," and the state's government has not shown resistance to inclusion, most insurance carriers are resisting, said **Carrie Baldwin-Sayre, ND**,

president of the **Oregon Association of Naturopathic Physicians**. A few insurers cover naturopathic services under private insurance, but most don't. Only one includes naturopathic doctors as primary care providers on its panel: **Oregon's Health CO-OP**.

"We are the only one in the country that credentials naturopaths as primary care providers, with all the rights and responsibilities that entails," said **Ralph M. Prows, MD**, president and CEO. The move was in response to member demand, he said, and before doing so, the company learned about what naturopaths are licensed to do in Oregon. What it found was that they are able and expected to perform the same type of services as "the traditional primary care disciplines," he said.

Prows added that the other health plans that include naturopathic doctors consider their services in a separate



CARRIE BALDWIN-SAYRE, ND

category, often as a limited benefit as some kind of specialist, but coverage "is not a limited benefit for us."

For coverage of Oregon Health Plan patients, some coordinated care organizations (CCOs) are including naturopaths as primary care providers on their panels. The largest in the Portland area and the state, **Health Share of Oregon**, recognizes that "naturopathic physicians have long serviced the fee-for-service population and that they play an integral role in primary care," said spokeswoman **Beth Sorensen**. "Health Share's plan partners develop their own provider networks, based on the needs of our members consistent with our contract and legislative directives. Some of our plan partners have developed credentialing criteria for naturopathic physicians and have contracted with naturopathic physicians."

According to the Oregon Health Authority, "It is up to each CCO to have an adequate network of providers, but CCOs are not required to contract with any particular provider, even if it is the preferred provider of the CCO member."

Alternative practitioners also interpret the ACA's language to say that, for

example, a licensed chiropractor treating a patient for back pain should be reimbursed the same as medical doctors for the same service. However, Baldwin-Sayre said, that is not the case. "It's a very large issue for our profession," she said, noting that payments to naturopathic doctors average 20 percent to 50 percent of what is paid to medical and osteopathic physicians. She added that the ACA forbids reimbursing professionals based solely on provider type.

According to the **Centers for Medicare & Medicaid Services**, nothing in the law prevents "a health insurance issuer...from establishing varying reimbursement rates based on quality or performance measures. ...To the extent an item or service is a covered benefit under the plan or coverage, and consistent with reasonable medical management techniques specified under the plan...a plan or issuer shall not discriminate based on a provider's license or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law."

CMS added to that language wording that alternative practitioners view as a loophole for insurers that was not part of the law's intent: "This provision does not require plans or issuers to accept all types of providers into a network. This

Naturopaths Without Borders offers healing where it's needed most

By John Rumler
For The Scribe

In Rocky Point, Mexico, also known as Puerto Peñasco, a young Hispanic boy with cerebral palsy visited the **Naturopaths Without Borders** (NWB) clinic. The youngster appeared depressed, his body was contorted and he was wheelchair bound. However, after a series of treatments over six months, he improved remarkably, said **Stephanie Culver, ND**. As his mobility steadily increased, he progressed to standing, then to walking with a cane. His personality blossomed from being reclusive and sad to confident and happy.

"Similar success stories are not uncommon," Culver said. "It's those kinds of experiences that make all the hours and hard work worth it all."

The local chapter of Naturopaths Without Borders, a nonprofit founded and supported by students at the **National College of Natural Medicine** (NCNM), began in September 2011. The oldest of seven accredited naturopathic medical schools in North America, NCNM was founded in 1956 and has about 600 students.

Medical students Culver and **Kelly Philiba** co-founded the local NWB chapter after witnessing a gap at NCNM in global health education and lack of experiences available to students and doctors alike. The chapter is part of a larger NWB that helps alleviate the burden on over-strained and underfunded health care systems in many poor countries.

There is no formal relationship between the local NWB chapter and the NCNM; however, NWB is being integrated into a new Master's of Global Health program at NCNM and students receive community service/education hours required for graduation when they serve on volunteer missions. Although the students cannot legally practice medicine, they may operate under the supervision of a licensed ND.

Culver, now a resident ND at NCNM, also helped found a Naturopaths Without Borders chapter in Seattle and served as secretary of NWB Global. NWB's local chapter has about a dozen active volunteers.

Partnerships extend reach, maximize impact

Naturopaths Without Borders began in 2004 at the Southwest College of Naturopathic Medicine in Tucson, Ariz., and expanded in 2009 to Bastyr University, near Seattle. There are now branches at the Boucher Institute of Naturopathic Medicine in New Westminster, B.C., the Canadian College of Naturopathic Medicine in Toronto, and at the University of Arizona in Tucson. NWB Global, which became a registered 501(c)(3) in 2011, is headquartered in Beaverton.

NWB's three guiding principles are that

health care is a human right for all, not a privilege for a few; that everyone deserves the best health care, regardless of finances; and that naturopathic medicine is well suited for resource-poor settings.

NWB is no giant. The organization has about 300 volunteers in total, but its ranks are growing. While its annual budget for 2015 is approximately \$150,000, its strategic partnerships with a large and diverse array of like-minded agencies significantly extend its reach and maximize its impact. Finances come from a variety of donations and contributions as well as student-sponsored fund-raising projects.

Culver's passion for international and public health began when she was a University of Oregon undergrad participating in a study-abroad internship in India. Her leadership in NWB has helped to open international and local service opportunities to students and faculty at Bastyr and NCNM, guiding NWB-Bastyr on its inaugural trip to Haiti in March 2011 and NWB-NCNM to Guatemala in March 2012.

When a NCNM student team traveled to India in 2012, it shadowed medical doctors trained in naturopathic medicine, homeopathy and traditional Indian medicine known as Ayurveda. Students participated in rural village health camps and applied the hours documented in medical service to their graduation requirements.

So far, NWB-NCNM teams have traveled to Guatemala, India, Mexico and Haiti, and volunteers usually find a mountain of need amidst a sea of deprivation, poverty and malnutrition. The resources and facilities for the volunteers can vary greatly. In Rocky Point, Mexico, the team has a fully functioning facility



Stephanie Culver, ND, helps children at an orphanage in Haiti during a visit with Naturopaths Without Borders.
Photo courtesy of Naturopaths Without Borders

with electricity and plumbing, while well water, pumps and generators are the norm in Haiti.

The daily successes are tremendously rewarding, students say. In Haiti, for example, NWB doctors treated a young girl with severe impetigo, a staph aureus infection that marred most of her face. "With a few treatments using naturopathic medicines alone, the infection completely cleared. No antibiotics or invasive treatments were necessary," Culver explained.

In a Haitian orphanage, a majority of children were infected with pinworms. In the states, this would typically be treated with anti-parasitic pharmaceuticals, but the cost would be far too prohibitive in Haiti, so the team created an herbal

treatment that worked effectively.

Naturopathic medicine is a good fit with most developing nations. It is less expensive and more accessible than traditional medicine, and it is also more user friendly, said **Sean Hesler, ND**, executive director of NWB. "Naturopathic is a mixture of different healing traditions from around the world. Being holistic, it includes eating nutritious foods, managing stress, having a healthy lifestyle, and it takes advantage of plants and herbs that are locally available."

Also, many indigenous people are more comfortable visiting a small, free-standing volunteer naturopathic clinic than a big, Western-style hospital, NWB has found. A naturopath might begin

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Molly Langteau performs a physical exam on a child in Haiti as part of her volunteerism with Naturopaths Without Borders.
Photo courtesy of Sean Hesler

'A life-changing experience'

Molly Langteau joined the NCNM chapter of Naturopaths Without Borders on a student-doctor health care mission to Cap-Haitien, Haiti, in the summer of 2013 that lasted 10 days. Langteau volunteered with community health organizations offering free primary care and also helped staff mobile clinics which were set up in churches, schools and community clinics, and attracted long lines of Haitians.

Langteau said the doctors and student preceptors—there were a total of four NCNM students—treated about 75 patients per day. The students assisted the NDs by taking vitals, helping with labs—such as glucose screenings and urinalysis—and counseling patients on diet, lifestyle and factors that may have been contributing to their health issues.

"It was an incredible experience on so many levels for all of the students," said Langteau, a fourth-year student. "The ability to learn medicine within a global health context has expanded my awareness of different social determinants of health, including poverty, lack of access to clean water and proper nutrition. I also got a first-hand perspective of the impact that such issues have on patients' health."

The most astounding aspect of working in Haiti, Langteau said, was the amount students learned from the indigenous cultural practices and health care strategies that were already in place.

"I saw many medical conditions that we may never have exposure to on our internships at the NCNM Clinic. This experience provided me with a greater appreciation of the power of natural, preventive medicine, especially seeing its profound impact on this type of community." —John Rumler

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provision also does not govern provider reimbursement rates, which may be subject to quality, performance or market standards and considerations.”

“The ability for patients to actually take a role in choosing the provider of their choice is integral in the further implementation” of the ACA if the Triple Aim, including improving the patient experience, is truly to be part of health reform, American Chiropractic Association President **Anthony Hamm, DC**, wrote to the Department of Health and Human Services earlier this year.

Regina Dehen, ND, LAc, chief medical officer for the National College of Natural Medicine, based in Portland, said her profession is anxious to demonstrate effectiveness of care, but has been hampered by CMS. Two years ago the college invested in Epic software in order to track and improve outcomes, but CMS declines to permit naturopathic physicians to seek so-called meaningful use incentives for employing electronic medical records, and also excludes naturopaths from being considered primary care providers under Medicare.

Dehen added that the college had been “hopeful” that it would be considered qualified by CMS for incentives for using EMRs, but the school wanted to switch to electronic records regardless, “because this is the direction medicine is going, the standard of care. We like to say, ‘We’re doing this for the right reasons.’”

Many patients who want to see naturopaths cannot because their health insurance doesn’t pay for it, she noted. “The vast majority—80 percent of (our) patients—are self-pay. That’s not typical of most providers.”

But Dehen said she is pleased that Oregon’s Medicaid program generally covers naturopathic care, and that other signs of acceptance are evident. For example, the college is participating in the **Patient-Centered Primary Care Institute’s Improving Access through PCPC**



REGINA
DEHEN, ND, LAc

Collaborative, led by CareOregon, which helps train providers to become patient-centered medical homes. “That’s an opportunity for us as naturopathic doctors that’s never existed before,” and indicates that naturopaths are establishing the same standards and objectives as other types of primary care providers, she said.

Another goal of NDs is to become members of CCOs’ Clinical Advisory Panels, which help direct CCOs in the state. Achieving that would help patients get more seamless care and not have to go to several different providers, she said.

Naturopathic doctors also argue that including them will aid in alleviating the state’s shortage of primary care providers. An independent, state-appointed body agreed with that contention in a report issued in April 2013: One of the **Oregon Healthcare Workforce Committee’s** top-four short-term recommendations to increase primary care capacity was to “make better use of naturopaths as part of the primary care work force by removing contracting, credentialing, coverage and payment barriers.” The committee also recommended, “Make naturopaths eligible for the new Medicaid state loan repayment program,” in order to train more primary care providers.

Baldwin-Sayre, who also is the new associate dean of clinical education at the National College of Natural Medicine, said she is greatly encouraged by the collaboration and partnerships that are developing among different types of providers. She cited as one example a research collaborative agreement the college has formed with Oregon Health & Science University.

“In small ways, patient by patient, [the ACA] has had an effect,” said Dehen. She pointed to a recent case: A patient came to the college’s clinic who had been “chronically ill since adolescence,” she related. He wanted to try naturopathic care, but his insurer didn’t cover it. He told his primary care doctor that he wanted his insurer to let him see a naturopath.

The patient’s physician supported the idea, and as a result, the insurance company invited Dehen to be a preferred provider on the carrier’s panel. Over the past three years, she has observed more and more patients making such requests. *

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a course of treatment with small lifestyle changes and gradually progress to supplements and botanicals, as needed. If someone requires major surgery or emergency treatment, a naturopath will refer them to the nearest hospital.

Hesler said many well-meaning organizations set up shop in a poor, isolated area and provide traditional health services for a month or longer, then pull up stakes and return to the states or move to another location, leaving a vacuum.

“We stay, or at least come back, so we can make more lasting changes and empower people for the course of their lives,” he said.

The NWB networks or partners with numerous organizations. Currently, NWB is deepening relations with health care agencies in Nigeria and Thailand and anticipates an increase in outreach activities in those countries, Hesler said.

So far, NWB Global’s biggest achievement is establishing a multiservice clinic in Cap-Haitien, Haiti, that serves as a permanent center for area residents to receive care. The clinic, which opened last year, also provides weekly mobile clinics that serve remote villages. In addition, it is the epicenter of the Community Healthworkers Training program. *

NWB’s mission is to provide naturopathic health care to impoverished communities, while empowering those communities through education, supporting growth and cultivating sustainable resources. For information about volunteering or donating, visit www.naturopathswithoutborders.org.